

EDITORIAL PAGE

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REORGANIZING FEDERAL HEALTH PROGRAMS

By Larry J. Gordon, Assistant Editor

The subject of governmental reorganization is of continuing interest, but is always of greater significance in an election year. During the 1976 Presidential campaign, the subject of governmental inefficiencies, program duplication, program fragmentation, and reorganization became standard ingredients of proposals by both major political parties. It was brought to the public's attention that health programs are currently administered by more than 300 federal agencies, boards, and commissions to the end that the citizen is often confused, frustrated and defrauded of his rightful health services. It was also stressed that the "sickness treatment" system of health care has become a runaway financial monstrosity without improving the overall health status of American citizens. Political aspirants said that many have now recognized that the pendulum of health services has swung too far toward "sickness treatment" without due balance for disease prevention and health promotion services, including both personal health and environmental health. It has been repeatedly emphasized that the majority of cases of some of the major chronic diseases are due to preventable environmental health hazards.

Because federal health programs were closely scrutinized and discussed during the campaign, many recommendations evolved. One proposal would create a federal Department of Health to combine all of the currently separate and fragmented health programs into one department. This has obvious merit but also includes potential significant liabilities for those interested in overall disease prevention and health promotion

and those interested in environmental health and environmental protection. Perhaps the greatest hazard in this type of organization is trying to prioritize preventive personal and environmental health programs on the same basis as mechanisms for health care and sickness treatment programs. No matter what factors go into a priority system, the problem of care for those already ill seems to be more immediately compelling than proper design, administration and funding of preventive health measures. Additionally, many individuals trained in the care and treatment of the sick, and even many of those trained and experienced in personal health programs, have no concept whatsoever of the value of, need for, and priority of basic environmental health programs.

If federal health reorganization is to include environmental health programs, it should include programs to respond to all the major environmental health problems, including air pollution, water pollution, radiation, noise, biological insults, environmental chemicals, environmental injuries, food, solid wastes, and water supply. To further fragment efforts to solve such administrative and ecologically interrelated environmental problems would be a further disservice to our citizens. Additionally, we must continue to recognize that while environmental health programs must meet health standards and goals as an absolute minimum, they must also satisfy aesthetics and ecology in order to be effective.

A further reorganizational consideration must include the question of "conflict of interest." Some reorganization experts feel that environmental programs should be assigned to a super-agency dealing with natural resources and the environment. This type of organizational structure poses a dangerous conflict of interest situation and confuses the mission of protecting human health and the environment with the mission of utilizing and developing the environment. The latter mission may be appropriate for agencies dealing with natural resources, agriculture, mining, forestry, and game and fish but not for environmental health. Whatever type of governmental health reorganization evolves, a much greater emphasis must be placed on prevention if health programs are to be

effective, economical, and actually do anything about improving the health status of Americans.

Organization and reorganization of services designed for our citizens is not a game for novices, and is not simply a matter of moving blocks around on organization charts. It is serious business and must include identification of common goals, proper prioritizing of related problems, and precluding the development of even more conflicts of interest than already exist.

The voices of prevention, including personal and environmental health, have too frequently been defensive and viewed as negative obstructionists rather than creative leaders in the quest for improved health status of Americans. We must be willing to be creative and innovative, and objectively address the organizational and programmatic principles involved without being defensive and/or archaic in our views.